

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	TM	1c864	5/21/01
<b>RESPONSE FORMALITY REVIEW</b>			

**INDEX OF CLAIMS**

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	5
1 ✓	
2 ✓	
3 ✓	
4 ✓	
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6 ✓	
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Claim	Date
Final	5
Original	5
51 0	
52 0	
53 0	
54 0	
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56 ✓	
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Claim	Date
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If more than 150 claims or 10 actions  
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Best Available Copy